



FIRST THINGS FIRST

The right system for bright futures

Navajo Nation REGIONAL PARTNERSHIP COUNCIL 2011 FUNDING PLAN SUMMARY

Regional Allocation 2011: \$ 4,398,790

Carry Forward from 2010: \$ 2,066,430

Funding Available for Allocation in 2011: \$ 6,465,220

Prioritized Needs	Goal Area	Proposed Strategies	Portion of Regional Allocation	Recommendation to the Board
An increase in quality early care and education that includes: state of art facilities, transportation, research based data, trained staff, and is culturally responsive with native language.	Quality, Access & Affordability	Quality First	\$1,000,000	Recommend Approval
An increase in quality early care and education that includes: state of art facilities, transportation, research based data, trained staff, and is culturally responsive with native language.	Quality, Access & Affordability	Expand access to child care	\$425,998	Recommend Approval
An increase in quality early care and education that includes: state of art facilities, transportation, research based data, trained staff, and is culturally responsive with native language.	Quality, Access & Affordability	Unregulated to regulated child care	\$275,000	Recommend Approval
Lack of well trained and appropriately qualified staff, and to increase support for staff.	Professional Development	Professional Development: cohort model	\$1,000,000	Recommend Approval
Lack of well trained and appropriately qualified staff, and to increase support for staff.	Professional Development	Professional Reward\$	\$100,000	Recommend Approval
Increase in family support, education, and outreach and/or support and expand	Family Support	Family support home visitation	\$800,000	Recommend Approval

community awareness.				
Increase in family support, education, and outreach and/or support and expand community awareness.	Family Support	Early Literacy	\$400,942	Recommend Approval
Increase in family support, education, and outreach and/or support and expand community awareness.	Family Support	Early Literacy Companion Piece	\$150,000	Recommend Approval
Increase Public Awareness about First Things First and the Early Childhood Development and Health programs and services available throughout the Region.	Communications	Community Awareness	\$150,000	Recommend Approval
Reduction of dental disease among children ages 0-5 by providing dental varnish and nutrition/health information	Health	Oral Health	\$325,000	Recommend Approval
Reduce childhood obesity epidemic that directly leads to many other serious health problems	Health	Nutrition Education and Obesity Prevention	\$865,725	Recommend Approval
Increase children's access to preventive health care	Health	Medical Home Model	\$40,370	Recommend Approval
Statewide – economic and employment recession	Family Support	Emergency Food	\$50,000	Recommend Approval
Statewide – economic and employment recession	Quality, Access & Affordability	Child Care Scholarships	\$300,000	Recommend Approval
		Regional Needs & Assets	\$0	
		Subtotal of Expenditures	\$5,843,035	
		Fund Balance	\$622,185	
		Grand Total	\$6,465,220	

Navajo Nation Summary Financial Chart SFY 2010-2012

A	C	D	E	F
	SFY 2010	SFY 2011	SFY 2012 ESTIMATED	Total
Revenue				
ETF Total Allocation for the SFY	\$ 3,845,234	\$ 4,398,790	\$ 4,398,790	\$ 12,642,814
Fund Balance (carry forward from previous SFY)		\$ 2,066,430	\$ 622,185	
Total Available Funds	\$ 3,845,234	\$ 6,465,220	\$ 5,020,975	
	SFY 2010 OBLIGATED	SFY 2011 PROPOSED	SFY 2012 ESTIMATED	Total
Strategies				
1 Quality First	\$ 500,000	\$ 1,000,000	\$ 1,000,000	\$ 2,500,000
2 Expand Access to Child Care	\$ 400,000	\$ 425,998	\$ 200,000	\$ 1,025,998
3 Unregulated to Regulated Child Care Homes	\$ -	\$ 275,000	\$ 275,000	\$ 550,000
4 Professional Development	\$ 250,000	\$ 1,000,000	\$ 500,000	\$ 1,750,000
5 Professional Reward\$	\$ 50,000	\$ 100,000	\$ 100,000	\$ 250,000
6 Family Support Home Visitation	\$ -	\$ 800,000	\$ 400,000	\$ 1,200,000
7 Early Literacy	\$ 200,471	\$ 400,942	\$ 400,492	\$ 1,001,905
8 Early Literacy Companion Piece	\$ 110,000	\$ 110,000	\$ 110,000	\$ 330,000
9 Communication	\$ 150,000	\$ 150,000	\$ 150,000	\$ 450,000
10 Oral Health		\$ 325,000	\$ 325,000	\$ 650,000
11 Nutrition Education and Obesity Prevention	\$ -	\$ 865,725	\$ 865,725	\$ 1,731,450
12 Medical Home Model	\$ -	\$ 40,370	\$ 500,000	\$ 540,370
Emergency Food Boxes	\$ 68,333	\$ 50,000	\$ -	\$ 118,333
Child Care Scholarships	\$ 50,000	\$ 300,000		
Needs and Assets	\$ -	\$ -	\$ 50,000	\$ 50,000
Subtotal Expenditures	\$ 1,778,804	\$ 5,843,035	\$ 4,876,217	\$ 12,148,056
Fund Balance (carry forward)	\$ 2,066,430	\$ 622,185	\$ 144,758	
Grand Total	\$ 3,845,234	\$ 6,465,220	\$ 5,020,975	

NAVAJO NATION REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan
SFY 2011 Allocation: \$ 4,398,790

**NAVAJO NATION REGIONAL PARTNERSHIP COUNCIL
FUNDING PLAN**

SFY 2011: July 1, 2010– June 30, 2011

I. Regional Allocation

Regional Allocation	SFY 2010	SFY 2011
Population Based Allocation	2,601,940	2,762,692
Discretionary: Baseline Adjustment	0	0
Discretionary: Frontier Community	572,050	953,684
Other Discretionary: Emergency Child Care Scholarships	652,911	
Other Discretionary: Emergency Food Support	18,333	
Other Discretionary: 2011		682,415
Other Income		
Total Income	3,845,234	4,398,790

II. SFY 2010 Funding Plan Progress Report

A. The table below provides a summary of the Navajo Nation Regional Partnership Council's prioritized needs, goals, key measures, and strategies for the SFY 2010 funding plan.

Identified Need	Goal	Key Measures	Strategy Name and Description	Target Service Numbers and Geographic Service Area
An increase in quality early care and education that includes: state of art facilities, transportation, research based data, trained staff, and is culturally responsive with native language.	1. First Things First will improve access to quality early care and education programs and settings.	Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to five.	<u>Quality First</u> Increase number of children receiving quality early care and education through expansion of funding for Quality First! for facility improvements, coaching, and professional development.	Target Service Numbers: 10 child care centers
		Total number of children enrolled in early care and education programs participating in the Quality First system.	<u>Expanding Access to Child Care</u> Facility improvement grants for early care and education programs	Target Service Numbers: 8 centers
		Total number and percentage of early care and education programs participating in the Quality First system improving their environmental rating score.	<u>Unregulated to Regulated Child Care Homes</u> Increase number of children receiving quality early care and education through funding of homes to be licensed (licensing options that are available: Indian Health Sanitation Permit, Navajo Nation Business Application).	Target Service Numbers: 75 homes Geographic Service Area: Navajo Nation within Arizona
Lack of well trained and appropriately qualified staff, and to increase support for staff.	8. First Things First will build a skilled and well prepared early childhood development workforce.	Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree.	<u>Professional Development</u> Establish a cohort model to implement and increase quality early care and education workforce by means of fostering education of those considering entering the field,	Target Service Numbers: Cohort model to serve 100 adults

NAVAJO NATION REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan
SFY 2011 Allocation: \$ 4,398,790

		Total number and percentage of professionals who work with young children, outside of early care and education, who are pursuing a credential, certificate, degree in early childhood development or other appropriate specialty area.	those pursuing CDA, AA, BA, & MA degrees, and currently employed, through funding of scholarships, incentives, or other professional development. Increase quality early care and education workforce by funding MA level faculty and professional stipends.	Target Service Numbers: 50 early childhood professionals Geographic Service Area: Navajo Nation within Arizona
9. First Things First will increase retention of the early care and education workforce.		Retention rates of early childhood development and health professionals.	<u>Professional Rewards</u> Increase early care and education workforce for retention of degreed CDA, AA, BA & MA employment through funding of incentives or wage enhancement in early care and education.	
Increase in family support, education, and outreach and/or support and expand community awareness.	11. FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.	Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health and report they are competent and confident about their ability to support their child's safety, health, and well-being.	<u>Family Support Home Visitation</u> Supporting Ké (extended family/friends) by funding comprehensive programs through home visitations, resources, and hands-on training to improve knowledge and understanding of basic parenting/care giving skills.	Target Service Numbers: 88 families
	12. First Things First will increase the availability, quality, and diversity of resources that support language and literacy development for young children and their families.	Percentage of families of children birth through age five who report they maintain language and literacy-rich home environments (e.g. children hear language throughout the day, children have opportunities for listening and talking with family members,	<u>Early Literacy</u> Support families of children birth to 5 with expansion of existing or new literacy- rich environments that promote Navajo language acquisition through funding including but not limited to: development and dissemination of materials, resource	Target Service Numbers: 130 families

NAVAJO NATION REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan
SFY 2011 Allocation: \$ 4,398,790

		books and other literacy tools and materials are available and accessible to children).	center, training for early education personnel and parents in the use of and integration of curriculum, and community awareness and involvement of parents and families. <u>Early Literacy Companion Piece</u> Packet of early literacy materials more culturally relevant and useful to the families on the Navajo Nation.	Target Service Numbers: 1500 Parents with newborns Geographic Service Area: Navajo Nation within Arizona
Statewide – economic and employment recession	3. First Things First will increase availability and affordability of early care and education settings.	Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being. Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five	<u>Emergency Food Boxes</u> Provide support boxes to families throughout the Navajo Nation to counterbalance the economic and employment recession experienced by families with young children. <u>Emergency Child Care Scholarships</u> To offset the current cost of early care and education for families as a proportion of the median income for a family of four.	Target Service Numbers: TBD Geographic Service Area: Navajo Nation within Arizona

NAVAJO NATION REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan
SFY 2011 Allocation: \$ 4,398,790

B. 1) Budget Summary, 2010 Funding Plan

(Obligated = funding is currently under contract, or anticipated to be under contract on or before June 30, 2010; Unobligated = funding which will not be under contract by end of SFY 2010)

A	B	C	D
SFY 2010 BUDGET	SFY 2010 CURRENT	Obligated in SFY 2010	Unobligated in SFY 2010
TOTAL REVENUE	\$3,845,234	\$3,845,234	\$3,845,234
Strategies	SFY 2010	SFY 2010	SFY 2010
1 Quality First!	\$ 500,000	\$ 500,000	\$ -
2 Expand Access to Child Care	\$ 425,998	\$ 400,000	\$ 25,998
3 Unregulated to Regulated Child Care Homes	\$ 275,000	\$ -	\$ 275,000
4 Professional Development	\$ 500,000	\$ 250,000	\$ 250,000
5 Professional Reward\$	\$ 100,000	\$ 50,000	\$ 50,000
6 Family Support Home Visitation	\$ 400,000	\$ -	\$ 400,000
7 Early Literacy	\$ 400,942	\$ 200,471	\$ 200,471
8 Early Literacy Companion Piece	\$ 110,000	\$ 110,000	\$ -
Communication	\$ 150,000	\$ 150,000	\$ -
Emergency Food Boxes *	\$ 68,333	\$ 68,333	\$ -
Emergency Child Care Scholarships	\$ 50,000	\$ 50,000	\$ -
Subtotal	\$ 2,980,273	\$ 1,778,804	\$ 1,201,469
Fund Balance/Carry Forward	\$ 864,961		\$ 864,961
Total:	\$ 3,845,234	\$ 1,778,804	
Carry Forward Plus Unobligated - available for 2011 funding plan			\$ 2,066,430

NAVAJO NATION REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan
SFY 2011 Allocation: \$ 4,398,790

2) Progress with SFY 2010 Funding Plan

A	B	C	D	E	F	G	H
#	Strategy Name	Description	Regional Allocation	Target Service Numbers	Awards Made	Service Numbers	Status/Notes
1	Quality First	Increase number of children receiving quality early care and education through expansion of funding for Quality First for facility improvements, coaching, and professional development.	\$500,000	10 centers	Statewide Initiative	Service Numbers: 9 centers	Nine Navajo sites have been selected but they have not yet completed the orientation.
2	Expanding Access to Child Care	Facility improvement grants for early care and education programs.	\$425,998	8 centers	No Awards	Service Numbers: Pending	In the process to coordinate a Tribal agreement with Head Start to serve as the administrative home.
3	Unregulated to Regulated Child Care Homes	Increase number of children receiving quality early care and education through funding of homes to be licensed (licensing options that are available: Indian Health Sanitation Permit, Navajo Nation Business Application)	\$275,000	75 homes	<u>Phase I RFGA</u> RFGA was released in 2009. No awards were made.	Service Numbers: Pending	RFGA planned for March 2010 for a July 1 st Award.
4	Professional Development	Establish a cohort model to implement and increase quality early care and education workforce by means of fostering education of those considering entering the field, those pursuing CDA, AA, BA, & MA degrees, and currently employed, through funding of scholarships, incentives, or other professional development. Increase quality early care and education workforce by funding MA level faculty and professional stipends.	\$500,000	Cohort model to serve 100 adults	<u>Phase I RFGA</u> RFGA was released in 2009. No awards were made.	Service Numbers: Cohort model to serve 100 adults	Regional Council voted on 12-21-09 to seek agreements with Dine College, Navajo Technical College, Northland Pioneer College, Coconino Community College, and Northern Arizona University for implementation of this strategy.

NAVAJO NATION REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan
SFY 2011 Allocation: \$ 4,398,790

5	Professional Reward\$	Increase early care and education workforce for retention of degreed CDA, AA, BA & MA employment through funding of incentives or wage enhancement in early care and education	\$100,000	50 Early Childhood Professionals	Statewide Initiative	Service Numbers: Pending	Statewide Process
6	Family Support Home Visitation	Supporting Ké (extended family/friends) by funding comprehensive programs through home visitations, resources, and hands-on training to improve knowledge and understanding of basic parenting/care giving skills.	\$400,000	80-88 families	<u>Phase I RFGA</u> RFGA was released in 2009. No awards were made.	Service Numbers: Pending	Regional Council approved on 12-21-09 to change strategy from a universal to an intensive home visitation model. The service number would increase from 80-88 families to 160 families for SFY 2011. RFGA planned for March 2010 for a July 1 st Award.
7	Early Literacy	Support families of children birth to 5 with expansion of existing or new literacy rich environments that promote Navajo language acquisition through funding including but not limited to: development and dissemination of materials, resource center, training for early education personnel and parents in the use of and integration of curriculum, and community awareness and involvement of parents and families.	\$400,492	TBD	<u>Government-to-Government Agreement</u> Navajo Nation Head Start	Service Numbers: Pending	In the process to coordinate a Tribal agreement with Head Start to implement strategy.
8	Early Literacy Companion Piece	Packet of early literacy materials more culturally relevant and useful to the families on the Navajo Nation.	\$110,000	1500 parents with newborns	Procurement	Service Numbers: 1500 parents with newborns	Regional Council is determining best method for dissemination of Companion Kits to new parents.
9	Emergency Food Boxes	Provide support boxes to families throughout the Navajo Nation to counterbalance the economic and	\$68,333	TBD	<u>Expedited Contracts</u>	Estimated service numbers:	Regional Council allocated an additional \$50,000 to this strategy. Increase in

NAVAJO NATION REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan
SFY 2011 Allocation: \$ 4,398,790

		employment recession experienced by families with young children.			1. Navajo United Way, Inc. (\$10,000) 2. St. Jude Food Bank (\$5,333) 3. St. Anne's Mission (\$3,000) No Awards Made	725 - 800	grantee awards to be determined in March, 2010.
10	Emergency Child Care Scholarships	To offset the current cost of early care and education for families as a proportion of the median income for a family of four.	\$50,000	TBD		Service Numbers: Pending	Regional Council reconsidered this strategy on February 9, 2010 and allocated \$50,000.
11	Communication	Increase Public Awareness about First Things First and the Early Childhood Development and Health programs and services available throughout the Region.	\$150,000	12,500 people	Procurement	Estimated service numbers: 12,500 people	State Board approved on January 26, 2010.

III. SFY 2011 Funding Plan

A. Prioritized Needs: Provide explanation for any changes to the prioritized needs from the SFY 2010 Regional Funding Plan.

The Navajo Nation Regional Partnership Council is aware of the prolonged economic crisis and its effect on both the Tribe's and State's young children and families. Hence, the Regional Council's commitment to build a strong and lasting early childhood development and health system to address a plethora of concerns affecting young children on the Navajo Nation is a conscientious effort. Therefore, the Regional Council appended the SFY 2010 Funding Plan to include a communication strategy, a coherent plan of action to facilitate increased public awareness. Furthermore, the sustainability of the SFY 2010 strategies is imperative and complemented by three new strategies to create symmetry to the Regional Council's initial framework.

The Regional Council increasingly understands the importance of children's early years for promoting health, learning, and school readiness and for identifying and mediating risk that can compromise later functioning. Therefore, in 2011, the Regional Council is strengthening the early childhood development and health system substantially with inclusion of three health strategies to provide access to high quality preventive and continuous health care for the region's youngest children. The Regional Council will invest in new strategies to target improvement of oral health, intervention and educational programs for preventing diabetes and decreasing the risk of obesity, and an innovative whole person approach to provide continuous and comprehensive health care needs via a medical home model.

Navajo Nation Regional Partnership Council's prioritized needs are updated as follows:

1. Increasing quality of early care and education programs that include: state of art facilities, transportation, research-based data, trained staff, and culturally responsive with native language.
2. Enhancing family support, education, and outreach and/or support and expand community awareness.
3. Increasing numbers of highly skilled and well prepared early childhood development workforce.
4. Expanding public awareness of early childhood development and health efforts.
5. Decreasing dental disease among children six months through age five.
6. Increasing education and guidance on nutrition and prevention of childhood obesity and diabetes.
7. Developing access to comprehensive health and support services for children birth to age five.

B. Goals, Key Measures and Strategies: Include in the table below the prioritized needs, goals, key measures and strategies for SFY 2011. Highlight any changes from the previous year.

Identified Need	Goal	Key Measures	Strategy Name and Description	Target Service Numbers and Geographic Service Area
An increase in quality early care and education that includes: state of art facilities, transportation, research based data, trained staff, and is culturally responsive with native language.	1. First Things First will improve access to quality early care and education programs and settings.	Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to five.	<u>Quality First!</u> Increase number of children receiving quality early care and education through expansion of funding for Quality First! for facility improvements, coaching, and professional development.	Target Service Numbers: 20 centers
			<u>Expanding Access to Child Care</u> Facility improvement grants for early care and education programs.	Target Service Numbers: 8 centers
			<u>Unregulated to Regulated Child Care Homes</u> Increase number of children receiving quality early care and education through funding of homes to be licensed (licensing options that are available: Indian Health Sanitation Permit, Navajo Nation Business Application)	Target Service Numbers: 75 homes
Lack of well trained and appropriately qualified staff, and to increase support for staff.	8. First Things First will build a skilled and well prepared early childhood development workforce.	Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree.	<u>Professional Development</u> Establish a cohort model to implement and increase quality early care and education workforce by means of fostering	Target Service Numbers: TBD

NAVAJO NATION REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan
SFY 2011 Allocation: \$ 4,398,790

		Total number and percentage of professionals who work with young children, outside of early care and education, who are pursuing a credential, certificate, degree in early childhood development or other appropriate specialty area.	education of those considering entering the field, those pursuing CDA, AA, BA, & MA degrees, and currently employed, through funding of scholarships, incentives, or other professional development. Increase quality early care and education workforce by funding MA level faculty and professional stipends.	Target Service Numbers: 50 early childhood professionals
9. First Things First will increase retention of the early care and education workforce.		Retention rates of early childhood development and health professionals.	<u>Professional Reward\$</u> Increase early care and education workforce for retention of degreed CDA, AA, BA & MA employment through funding of incentives or wage enhancement in early care and education	
Increase in family support, education, and outreach and/or support and expand community awareness.	11. FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.	Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health and report they are competent and confident about their ability to support their child's safety, health, and well-being.	<u>Family Support Home Visitation Supporting Ké (extended family/friends)</u> Supporting Ké (extended family/friends) by funding comprehensive programs through home visitations, resources, and hands-on training to improve knowledge and understanding of basic parenting/care giving skills.	Target Service Numbers: Increase in service number from 80-88 families to 160 families.
12. First Things First will increase the availability, quality, and diversity of relevant resources that		Percentage of families of children birth through age five who report they maintain language and literacy rich home	<u>Early Literacy</u> Support families of children birth to 5 with expansion of existing or new literacy rich environments	Target Service Numbers: 130 families

NAVAJO NATION REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan
SFY 2011 Allocation: \$ 4,398,790

	support language and literacy development for young children and their families.	environments (e.g. children hear language throughout the day, children have opportunities for listening and talking with family members, books and other literacy tools and materials are available and accessible to children).	that promote Navajo language acquisition through funding including but not limited to: development and dissemination of materials, resource center, training for early education personnel and parents in the use of and integration of curriculum, and community awareness and involvement of parents and families.	Target Service Numbers: 1500 new parents
Statewide – economic and employment recession	3. First Things First will increase availability and affordability of early care and education settings.	Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being. Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five	<u>Early Literacy Companion Piece</u> Packet of early literacy materials more culturally relevant and useful to the families on the Navajo Nation. <u>Emergency Food Boxes</u> Provide support boxes to families throughout the Navajo Nation to counterbalance the economic and employment recession experienced by families with young children. <u>Emergency Child Care Scholarships</u> To offset the current cost of early care and education for families as a proportion of the median income for a family of four.	Target Service Numbers: To be determined

C. New Strategies. For each new strategy complete a strategy worksheet. (Appendix A)

List of strategies:

1. Reduction of dental disease among children ages 0-5 by providing dental varnish and nutrition/health information
2. Nutrition Education and Obesity Prevention – Implementation of interventions targeting nutrition, healthy weight, and physical exercise into existing community services for families with children 0 to five years.
3. Increase children's access to preventive health care through a medical home model.

NAVAJO NATION REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan
SFY 2011 Allocation: \$ 4,398,790

D. Summary Financial Chart SFY 2010-2012

A	C	D	E	F
	SFY 2010	SFY 2011	SFY 2012 ESTIMATED	Total
Revenue				
FTF Total Allocation for the SFY	\$ 3,845,234	\$ 4,398,790	\$ 4,398,790	\$ 12,642,814
Fund Balance (carry forward from previous SFY)		\$ 2,066,430	\$ 622,185	
Total Available Funds	\$ 3,845,234	\$ 6,465,220	\$ 5,020,975	
	SFY 2010 OBLIGATED	SFY 2011 PROPOSED	SFY 2012 ESTIMATED	Total
Strategies				
1 Quality First	\$ 500,000	\$ 1,000,000	\$ 1,000,000	\$ 2,500,000
2 Expand Access to Child Care	\$ 400,000	\$ 425,998	\$ 200,000	\$ 1,025,998
3 Unregulated to Regulated Child Care Homes	\$ -	\$ 275,000	\$ 275,000	\$ 550,000
4 Professional Development	\$ 250,000	\$ 1,000,000	\$ 500,000	\$ 1,750,000
5 Professional Reward\$	\$ 50,000	\$ 100,000	\$ 100,000	\$ 250,000
6 Family Support Home Visitation	\$ -	\$ 800,000	\$ 400,000	\$ 1,200,000
7 Early Literacy	\$ 200,471	\$ 400,942	\$ 400,492	\$ 1,001,905
8 Early Literacy Companion Piece	\$ 110,000	\$ 110,000	\$ 110,000	\$ 330,000
9 Communication	\$ 150,000	\$ 150,000	\$ 150,000	\$ 450,000
10 Oral Health		\$ 325,000	\$ 325,000	\$ 650,000
11 Nutrition Education and Obesity Prevention	\$ -	\$ 865,725	\$ 865,725	\$ 1,731,450
12 Medical Home Model	\$ -	\$ 40,370	\$ 500,000	\$ 540,370
Emergency Food Boxes	\$ 68,333	\$ 50,000	\$ -	\$ 118,333
Child Care Scholarships	\$ 50,000	\$ 300,000		
Needs and Assets	\$ -	\$ -	\$ 50,000	\$ 50,000
Subtotal Expenditures	\$ 1,778,804	\$ 5,843,035	\$ 4,876,217	\$ 12,148,056
Fund Balance (carry forward)	\$ 2,066,430	\$ 622,185	\$ 144,758	
Grand Total	\$ 3,845,234	\$ 6,465,220	\$ 5,020,975	
A	C	D	E	F

NAVAJO NATION REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan
SFY 2011 Allocation: \$ 4,398,790

**E. Provide explanation for each strategy which has funding level changes from prior year.
(excluding emergency scholarships and food boxes)**

Strategy Name	Previous Funding Amount (SFY 2010)	New Funding Amount (SFY 2011)	Rationale for Change in Funding
Quality First	\$500,000	\$1,000,000	A 100% increase reflects the Regional Council's desire to fund an additional 10 centers annually to continually increase the high quality care and education settings on the Nation.
Expanding Access to Child Care	\$400,000	\$425,998	Allocation level will be maintained as previous SFY.
Unregulated Home to Regulated Homes	\$0	\$275,000	No awards made in SFY2010 for this strategy resulting in carry forward funds and sustaining funding for SFY2011 until relevant statistics show a need for an increase.
Professional Development	\$250,000	\$1,000,000	A 75% increase in funding to support anticipated government to government agreements with Northern Arizona University, Coconino Community College, Northland Pioneer College, Diné College, and Navajo Technical College to establish a cohort model in their given geographic delivery areas.
Professional Reward\$	\$50,000	\$100,000	Allocation level will be maintained as previous SFY original funding amount.
Family Support Visitation (Supporting Ké)	\$0	\$800,000	No awards made in SFY2010. The funding amount for SFY 2011 is double the original SFY2010 amount, to provide for intensive home visitation services delivered to twice the number of families.
Early Literacy	\$200,471	\$400,942	Allocation level will be maintained as previous SFY original funding amount.
Early Literacy Companion Piece	\$110,000	\$110,000	Allocation level will be maintained as previous SFY.
Communication	\$150,000	\$150,000	The inception of this strategy was mid-way through SFY2010 to fund public awareness activities through out the Navajo Nation. Funding of strategy for SFY2011 will remain as previous SFY.
Oral Health	\$0	\$325,000	This is a new strategy for SFY2011. As such, there were no funds awarded in SFY2010.
Nurtrition Education and Obesity Prevention	\$0	\$865,725	This is a new strategy for SFY2011. As such, there were no funds awarded in SFY2010.
Medical Home Model	\$0	\$40,000	This is a new strategy for SFY2011. As such, there were no funds awarded in SFY2010.

IV. System Impact

During these trying financial times enhancing the Early Childhood Development and Health System remains a priority for the Navajo Nation Regional Partnership Council. The Regional Council continues to strive to build on assets and address gaps on the Navajo Nation. In essence, the system impact intention of the Regional Council is to develop partnerships with everyone who cares for a child — families, providers, service agencies, health providers, and more. The system impact will promote the meaningful involvement of families and youth, which ensures that a child and their family receive the services and supports needed to succeed.

Navajo Nation Regional Partnership Council capacity building strategies are designed to overcome barriers that limit effectiveness. Identifying assets and utilizing them to address the challenges creates a strategic tiered model for the support of all children as identified below.

Targeted Strategies
<ul style="list-style-type: none">• Expanding home visitation programs to provide family support
Universal Strategies
<ul style="list-style-type: none">• Increasing quality of early care and education programs that include: state of art facilities, transportation, research-based data, trained staff, and culturally responsive with native language• Increasing literacy development among children birth to age five• Increasing numbers of highly skilled and well prepared early childhood development workforce• Expanding public awareness of early childhood development and health efforts• Decreasing dental disease among children six months through age five• Increasing education and guidance on nutrition and prevention of childhood obesity and diabetes• Developing access to comprehensive health and support services for children birth to age five



Platform Elements for All Supports and Services:

- Information for Families
- Standards / Practice
- Cultural Responsiveness
- Workforce
- Financing

The Navajo Nation Regional Partnership Council emphasis for SFY 2010 is to build the foundation that promotes and achieves high-quality care and education for children in a semi-fractured and impeded infrastructure. The SFY 2010 comprehensive and integrated plan focuses on quality and access involving strategies such as family support, provider professional development, quality enhancements for centers and homes, and provider compensation initiatives.

However, the Regional Council's impact is limited by challenges associated with the Navajo Nation not fully aware of First Things First and the work of the Regional Council. The ability of the Regional Council to improve the system impact has been limited by the difficulties of public awareness, as well as the challenges inherent in learning the existing assets that can be built upon, and the time required for appropriate government to government agreements and approvals. Recognizing this, the Regional Council continues its commitment to improving capacity building on the Navajo Nation to not only improve the child care and education picture for families throughout the region but also to further fuel the engines in creating quality child care environments that will yield a brighter future for tomorrow's leaders.

NAVAJO NATION REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan
SFY 2011 Allocation: \$ 4,398,790

The pivotal importance to foster community ownership is public awareness, hence supplementing the SFY 2010 with a Communication strategy to develop new and enhance existing public awareness efforts. This will create a critical mass previously missing from the Regional Council's endeavors to stimulate and engage various stakeholders to facilitate funding of strategies based on the needs of the region.

System Impact of Regional Initiatives

Since inception, the essence of the Regional Partnership Council is to elevate the early childhood education system on the Navajo Nation. It is evident that child care is early childhood education. Research indicates that 90 percent of brain growth occurs by age six. Given that the child care setting is often a child's first learning environment, it is essential that the level of stimulation and engagement children receive while in care could hardly be more critical for their future development. Quality care is mandatory in making sure that when children enter kindergarten they are ready to learn and that they have developed the social skills necessary to interact with teachers and other students.

The strategic plan of the Regional Partnership Council is to develop an effective child care infrastructure that addresses quality and accessibility of early learning, family support, and health. Most people may not even be aware that this infrastructure exists, but it could be an efficient, collaborative system that has tremendous beneficial impact on the region's youngest children and their families.

The Navajo Nation Regional Partnership Council has adopted the regional methodology utilized by the Coconino Regional Partnership Council, to divide the immense region into three separate service delivery areas – Navajo County, Apache County, and Coconino County – within the boundaries of the Navajo Nation reservation in Arizona. Separation of service delivery areas will alleviate issues such as geographic distances, travel costs, and undesirable service areas, thereby providing greater effectiveness of funding.

The Regional Council's three essentials of the Early Childhood Development and Health System framework:

Quality and Accessibility of Early Learning

Studies reveal that children in high-quality child care settings demonstrate better cognitive function and social skills and have fewer behavioral problems than those in lower-quality care. Children who benefit from high-quality care are also more likely to be successful in school and later life.

The quality and supply of early childhood education are recognized as regional key needs. Therefore, the Regional Council developed comprehensive quality and access strategies to interconnect to promote the level of excellence of a center- or home-based early care and education to serve 15 percent of the 12,132 young children in the region. Approximately 43 percent of the Regional allocation is dedicated to increasing the availability of quality child care via center and provider focused efforts, and development or enhancement of the region's infrastructure. The Regional Council funding will benefit 103 center- or home-based education settings to:

- Maintain suitable and safe facilities
- Increase licensing standards
- Improve quality through enrollment in Quality First

NAVAJO NATION REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan
SFY 2011 Allocation: \$ 4,398,790

- Build a lattice of skilled and qualified directors, teachers, assistants and home caregivers
- Link compensation and retention to qualifications

Family Support

The mission of family support strategies is to strengthen families in order to prevent child abuse and neglect through home visitations, parent education, resource referral and community based partnerships, and encouraging early literacy. The Regional Council designated 20 percent of funding allocation to support families in building the skills necessary for positive parenting, so parents can provide a safe, nurturing home for their children.

Research shows that an effective early, home visitation is crucial and can prevent nearly 40 percent of child maltreatment. As a prevention measure, home visitation services will be tailored to meet the needs of 160 individual families to create change by providing parents with social support and education about parenting and/or healthy child development. In supporting families it is also significant to promote early language acquisition and early literacy for the Navajo Nation's youngest children.

The initial implementation of the early literacy will target 30 Head Start home based programs and distribute 1,500 early literacy companion pieces to new parents. Both literacy strategies provide for an opportunity for education for families, as well as early childhood professionals.

These impacts of family support can be measured directly as:

- Developing children's language and literacy skills
- Empowering parents to be their children's first and most important teachers
- Preparing children to enter school ready to learn
- Enhancing parenting skills
- Preparing children for long-term academic success and parents to be their children's lifelong academic advocates

Health

Essential to the Regional Council's system framework are health strategies. The Regional Council desires Navajo children to grow up healthy and secure. Both are critical to children's growth and development and affect their ability to learn and have fun. Thus, the Regional Council developed nutrition guidance and oral health initiatives to combat the deteriorating health of children. To serve 5,562 children, 19 percent of regional funding is reserved for implementation of health prevention strategies.

Research states, where you live is vital to how well you live. For that reason, it is essential to address obstacles in the region's setting that undermine health and wellness. The vast region of the Navajo Nation lacks an abundance of commercial physical activity outlets such as parks, playgrounds, and physical fitness facilities. These disparities suggest that environments without a supportive infrastructure contribute to poor health.

NAVAJO NATION REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan
SFY 2011 Allocation: \$ 4,398,790

The desire of the Regional Council is to influence the shaping of environments where children live, learn and play. The strategies identified are inclined to promote healthy eating and physical activity in schools, communities, businesses, families and the media.

Considering the impact that the school environment can have on children's health and development, it offers an ideal opportunity to improve childrens' access and exposure to healthy eating and active living. Hence, cultivating collaboration with the Indian Health Service, Early Intervention Service Providers, Early Care and Education Service Providers, Social Service Agencies, Local WIC Programs, and Special Diabetes Prevention Programs will assist in advancing the strategies and recommendations outlined below to expand and improve options for healthy eating, oral health, and preventative healthcare services.

- Develop age-appropriate, health education curriculum that focuses on wellness and nutrition
- Limit access to unhealthy competitive foods and increase access to nutritious foods and drinks in center- or home-based early care and education settings
- Create connections with community organizations and businesses that can support child wellness
- Implement oral hygiene measures no later than the time of eruption of the first primary tooth
- Establish a dental home within six months of eruption of the first tooth and no later than 12 months of age to conduct a caries risk assessment and provide parental education including anticipatory guidance for prevention or oral diseases
- Create a multidisciplinary health care team that is collectively responsible for providing for a child's longitudinal health needs and making appropriate referrals to other providers
- Foster an expanded focus on quality and safety

Given the bleak health disparities that many Native Americans face, the Regional Partnership Council recognizes it is critical that collaboration, innovation, and sustained effort is critical to implement many of the recommendations suggested. The effort will be worthwhile because the health of our children and the well-being of our communities are at stake.

Appendix A

STRATEGY WORKSHEETS

Strategy 10: Reduction of dental disease among children ages 0-5 by providing dental varnish and nutrition/health information

Strategy Description:

In the December 2007 Indian Health Service Notes, Early Childhood Caries (ECC) afflicts American Indian/Alaskan Native children at an alarming rate. ECC often leads to continuing health problems such as pain, difficulty with chewing, speech issues, and the risk of dental infection throughout the body. An observational study conducted in a rural reservation community supports the effectiveness of fluoride varnish when applied to young children during their well-child visits. The study further indicated that "four or more applications of fluoride varnish in early childhood can reduce the burden of dental caries in a very high-risk population of children."¹ Other research studies report that the fluoride varnish treatment coupled with caregiver (parent/family) counseling on the benefits of fluoride and the importance of early dental health is effective in reducing the incidence of ECC.²

Year 1: A trained oral health provider will conduct oral health screenings, apply varnish and refer for follow-up treatment (if applicable) for children in the target population. In addition, the oral health provider will be responsible for obtaining and disseminating information to parents/relative caregivers regarding oral health as well as the importance of good nutrition to maintain good oral health. To prevent dental caries among young children, the American Academy of Pediatric Dentistry recommends that parents receive information on the following:

- Minimizing saliva-sharing activities (e.g. utensils, cups) between an infant or toddler and his family members
- Implementing oral hygiene measures no later than the time of eruption of the first primary tooth
- The importance of cleaning a young child's teeth if an infant falls asleep while feeding
- The importance of tooth brushing of all dentate children twice daily with fluoridated toothpaste and a soft, age-appropriate sized toothbrush.
- The importance of initiating flossing when adjacent tooth surfaces can't be cleaned by a toothbrush.
- The need to establish a dental home within 6 months of eruption of the first tooth and no later than 12 months of age to conduct a caries risk assessment and provide parental education including anticipatory guidance for prevention or oral diseases
- The importance of avoiding caries-promoting feeding behaviors; in particular, parents should be advised that:
 1. Infants should not be put to sleep with a bottle containing fermentable carbohydrates (such as milk)
 2. At-pleasure breast feeding should be avoided after the first primary tooth begins to erupt and other dietary carbohydrates are introduced
 3. Parents should be encouraged to have infants drink from a cup as they approach their first birthday. Infants should be weaned from a bottle at 12 to 14 months of age
 4. Repetitive consumption of any liquid containing fermentable carbohydrates from a bottle or no-spill training cup should be avoided
 5. Between-meal snacks and prolonged exposures to foods and juice or other beverages containing fermentable carbohydrates should be avoided

The oral health provider will continue to provide varnish during Year 1 according to the clinical guidelines (every 3-4 months) as teeth begin to erupt. An important element in the implementation of this strategy will be partnering with local service providers and community organizations to:

NAVAJO NATION REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan
SFY 2011 Allocation: \$ 4,398,790

1. Utilize facilities for regular varnish clinics
2. Recruit families with children ages 0-5 to receive services
3. Retain families and encourage them to continue receiving the varnish applications
4. Provide educational information regarding the impacts of good nutrition on a child's oral health

In Year 1, the goal will be to provide 3-4 applications of dental varnish for approximately 30% of the children ages 0-5.

Year 2: the oral health care provider will expand Year 1 services to serve approximately 40% of the target population. Year 2 could also see expansion of services to more rural or outlying communities that do not have access to preventive oral health care. This could include expanding the varnish clinics to be offered in Chapter Houses, churches or other venues determined by the appropriate oral health care provider.

Year 3: The third year of funding will be increased in order to meet approximately 50% of the children ages 0-5 residing on the Navajo Nation. As in Year 2, the oral health care provider should be providing services in both traditional and non-traditional health care settings.

For all three years, the expansion of services include but are not limited to:

- Hosting clinics at various sites throughout the region
- Attending community health fairs to provide dental screenings
- Visiting childcare centers, Head Start centers and other home-based centers to provide services
- Providing informational materials to parents and care-givers
- Provide age-appropriate "oral health kits" to children. Kits could include:
 1. Soft bristle tooth brushes
 2. Age appropriate tooth paste
 3. Dental floss
 4. Children's books on tooth brushing

By expanding access to adequate preventive dental care, the Navajo Nation Regional Partnership Council hopes to reduce the amount of active dental disease among young children. In addition, by providing regular, preventive dental care, the Navajo Nation Regional Partnership Council hopes to ensure more children are being referred, in a timely manner, for those emergent needs that might only be addressed before it prevents a child's ability to develop and learn.

Research Notes:

1. Holve S. "An Observational Study of the Association of Fluoride Varnish Applied During Well-Child Visits and the Prevention of Early Childhood Caries in American Indian Children." *Maternal and Child Health J.* Oct 24, 2007.
2. Lewis C, H. Lynch and L. Richardson. "Fluoride Varnish Efficacy in Prevention Early Childhood Caries." *Pediatrics J.* February 2005

Lead Goal: First Things First will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Key Measure(s)

Total number and percentage of children receiving appropriate and timely oral health visits.

Target Population:

All children ages 0-5. The emphasis would be on prevention and referral and would not be targeting those children being seen by a dentist for the treatment of dental disease.

	SFY 2011	SFY 2012	SFY 2013
	July 1, 2010 –June 30, 2011	July 1, 2011 - June 30, 2012	July 1, 2012 - June 30, 2013
Proposed Service Numbers			

NAVAJO NATION REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan
SFY 2011 Allocation: \$ 4,398,790

	2,781 children (30% of target population)	3,708 children (40% of target population)	4,635 children (50% of target population)
Performance Measures			
<div>1. Number and percentage of children receiving fluoride varnish/ proposed service number</div> <div>2. Number and percentage of children receiving timely oral health screenings/ proposed service number</div> <div>3. Number of communities within the region where screenings are delivered/ proposed service number</div> <div>4. Number of media impressions/ proposed service number</div> <div>5. Number of parents showing increases in knowledge and skill after receiving services/ actual service numbers <i>(FTF provided questions using an observational pre/post survey)</i></div> <div>6. Number of professionals (dentists, hygienist, etc) reporting satisfaction with provided services/ actual service number <i>(FTF provided questions)</i></div> <div>7. Number of referrals made (professionals)/ actual service number <i>(FTF provided questions using observational pre/post survey)</i></div>			
SFY 2011 Expenditure Plan for Proposed Strategy			
Allocation for proposed strategy	\$ 325,000		
Budget Justification:			
Salary and Benefits (ERE): \$234,000 Justification: In order to provide services throughout the Navajo Nation, the budget will allow for three full-time oral health providers for each of the regional "hubs" outlined in the strategy. Salary= \$180,000 ERE= \$54,000			
Varnish and Supplies: \$13,905 Justification: Other strategies that outline dental varnish as an effective means of prevention outline the cost of varnish and other screening-related supplies at approximately \$5.00 per child.			
Mileage: \$25,500 Justification: Given the rural nature of the region, mileage will be a considerable cost for implementation. \$8,500 will be allocated to each hub annual for mileage reimbursement to and from clinic sites.			
Educational Materials: \$5,562 Justification: Oral health and nutrition information is going to be a large component in ensuring that children continue to receive preventive oral health care as well as treatment for existing oral health needs. Because there are some materials available free of charge, the cost is approximated at \$2.00 per child per year.			
"Oral Health Kit" Supplies: \$13,905 Justification: Families need to have the appropriate "tools" to use at home in order to maintain a child's oral health and to encourage good dental hygiene. The kits will be instrumental in helping families implement those strategies at home. The approximated cost for the kits is \$5.00 per child per year.			
Administrative Costs: \$29,287 Justification: In Arizona the allowable rate for administrative costs is 10%.			

Strategy # 11: Nutrition Education and Obesity Prevention – Implementation of interventions targeting nutrition, healthy weight, and physical exercise into existing community services for families with children 0 to five years.

Strategy Description:

In 2007, Dr. Peggy Halpern's research provided data to indicate that the prevalence of overweight and obesity in American Indian preschoolers, school-aged children and adults is higher than the respective U.S. rates for all races combined and trends over long periods of time indicate increasing rates of overweight and obesity for both school-aged children and adults. Although the precise time period is not yet clear, obesity in American Indian children generally begins in early childhood, in the preschool years. While breastfeeding may be protective against obesity in American Indian factors that contribute to the problem include pre-pregnancy and gestational diabetes, the weight of the mother, and childhood obesity. The underlying contributing factors of childhood obesity epidemic are poor nutrition and diet, genetics, socioeconomics, and lack of physical activity.

The table below summarizes Cole's (2002) findings that Native American infants and children (residing both on and off reservations) had greater risk compared to all WIC infants and children in most of the major risk categories of their study including high weight-for-height and inadequate nutrient intake. Additionally, there were some differences by reservation status; for example, overweight prevalence was 20 percent for Native American children living on or near reservations, 16 percent for Native American children off reservations, and 13 percent for all WIC children.

National Population/Year	Age	Sample Size	Percentage		
			Male	Female	Both
American Indian, 2004	0-11 mo	23,244			13.6
American Indian, 2004	12-23 mo	16,866			25.6
American Indian, 2004	24-59 mo	34,330			19.0
American Indian, 2001-2004	0-2 yrs	1,448 (M) 1,312 (F)	24.6	22.9	
American Indian, 2001-2004	2-4 yrs	1,032 (M) 1,000 (F)	18.6	18.2	
All Races, 2004	0-11 mo	2,245,268			11.1
All Races, 2004	12-23 mo	1,460,417			17.7
All Races, 2004	24-59 mo	2,766,571			14.8

Definition of overweight is based on the 2000 CDC growth chart percentiles for weight-for-length for children under 2 years and BMI-for-age children 2 years of age and older (BMI >95th percentile).

The Navajo Nation Regional Partnership Council is immensely concerned about the childhood obesity epidemic that directly leads to many other serious health problems such as Type 2 diabetes, Metabolic syndrome, high blood pressure, asthma, and other respiratory problems, sleep disorders, liver disease, heart disease, eating disorders and skin infections. Thus, the Regional Council is committed to ensuring a comprehensive approach to Nutrition Education and Obesity Prevention by reaching children, parents, childcare staff, and the community. This strategy will ensure that early care and education providers, as well as families, receive nutrition education and counseling that precludes literature.

The Navajo Nation Regional Partnership Council will support programs that drive quality nutrition education, physical exercise, and obesity prevention and establish networks and partnerships with all community organizations serving children birth to five years.

NAVAJO NATION REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan
SFY 2011 Allocation: \$ 4,398,790

According to Smedley and Syme promoting health can be approached utilizing community-based interventions based on an ecological model that focuses on change in interpersonal processes (e.g., characteristics of the individual), interpersonal processes and primary groups (e.g., families), institutional factors (e.g., schools), community factors (e.g., social norms), and public policy (e.g., local regulations and policies). The process of using ecological strategies involves consensus building and community involvement, and an ecological model is consistent with Native American beliefs that an individual's health and well-being is interrelated to the health of the family, community and environment.

Some Early Childhood Education Centers currently utilize SPARK, a research-based curriculum dedicated to creating, implementing, and evaluating programs that promote lifelong wellness. SPARK is only one example of an evidence based program. The Regional Council's will require grantees to utilize a research-based or an evidence curriculum in conjunction with a community-based intervention approach to reduce childhood obesity.

Research Notes:

Cole, N. 2002. *The Characteristics of Native American WIC Participants, On and Off Reservations*. Nutrition Assistance Program Report Series. May 2002. Report No. WIC-02-NAM. Alexandria VA: Office of Analysis, Nutrition and Evaluation, Food and Nutrition Service, USDA.

CDC. 2000. *CDC Growth Charts for the United States: Methods and Development Chart*. See: www.cdc.gov/growthcharts/.

Halpern, P. 2007. *Obesity and American Indians/Alaska Natives*. U.S. Department of Health and Human Services.

Smedley, B.D., Syme, S.L. 2000. *Promoting Health: Intervention Strategies From Social And Behavioral Research*. Washington, DC. Institute of Medicine, National Academy Press.

Lead Goal: Health

Goal: First Things First will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Key Measures:

1. Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health
2. Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being

Target Population:

Children age 0 to 5 and their parents and/or caregiver.

	SFY 2011 July 1, 2010 – June 30, 2011	SFY 2012 July 1, 2011 – June 30, 2012	SFY 2013 July 1, 2012 – June 30, 2013
Proposed Service Numbers	2,781 children (30% of the target population)	3,708 children (40% of the target population)	4,635 children (50% of the target population)

Performance Measures:

1. Number of families that reported satisfaction with provided family support
2. Number of families showing an increase in nutrition education and obesity prevention
3. Number of children and families enrolled in nutrition and recreation course/Proposed service number
4. Number of parents who report increase in physical activity six weeks after care/Actual service number

NAVAJO NATION REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan
SFY 2011 Allocation: \$ 4,398,790

SFY 2011 Expenditure Plan for Proposed Strategy	
Allocation for proposed strategy	<u>\$865,725</u>
Budget Justification: Program implementation cost is estimated at \$865,725 to serve 2,781 at \$283 total cost per child. Costs includes personnel, employee related expenses, transportation, staff training, resources and materials. Estimated awards will be based agencies' service delivery area and proposed service numbers for each regional subdivision outlined in the strategy.	

Strategy # 12: Increase children's access to preventive health care through a medical home model.

Strategy Description:

The Navajo Nation's homeland is approximately the size of West Virginia about 26,000 square miles encircling three states. Within Arizona, the Navajo Nation occupies all of the northeastern part of the state covering about 15,881 square miles with an estimated population of 104,565 (Census 2000). The Navajo Nation is an immense geographic region challenged by lack of infrastructure in the 21st century. Many barriers such as inadequate paved roads, telecommunications, running water, electricity, sanitation and emergency services all contribute to difficulty in accessibility and delivery of health care services.

Due to the deficiency of Navajo Nation's infrastructure, the Navajo Nation Regional Partnership Council will implement a comprehensive plan to cultivate a medical home model for children birth to five and their families. This will improve the accessibility and delivery of health care services across the vast territory of Nation within Arizona.

Given the vast region of the Navajo Nation, the Regional Council identified service delivery areas within the Navajo Nation reservation boundaries of Navajo County, Apache County, and Coconino County. These county subdivisions will provide as service delivery areas and must be inclusive of all isolated and remote locations as well as the more populated communities.

The majority of the Navajo Nation is remote and isolated and health services are limited. The Navajo Area Indian Health Service is responsible for providing health care services. Navajo Nation in northeastern Arizona has seven health care centers, operated by the Indian Health Services (IHS), that operate full-time clinics some of which provide emergency services and smaller communities have health stations that operate only part-time.

The concept of a "medical home" was initially proposed by the American Academy of Pediatrics in 1967 and has evolved over the last several decades. As health care has grown increasingly complex, fragmented, and disorganized, the medical home model represents a strategy for strengthening the primary care system's ability to deliver care that is patient-centered, evidence-based, and coordinated. Hence, a medical home is a regular source of medical care that delivers the services needed to achieve optimal individual and population health.

The American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, and American Osteopathic Association specify the key elements of the medical home are: a physician who has an ongoing relationship with patients and arranges care with other qualified professionals; the implementation of evidence-based medicine, quality improvement measures, information technology, and patient participation in care decisions; improved access to care that includes open scheduling, expanded hours, and new options for communication with patients; and administrative requirements, and time demands of providing a personal medical home.

A medical home is not a place. It is an approach and process to health care in the primary care setting. It emphasizes a partnership among the patient, physician, health care staff, and, if present, the primary care giver. The medical home becomes the place (or home) where patients are known, recognized and supported; where they find a centralized base for medical care and connection to other medical and supportive community services.

Piecing together health services and supports for any family is daunting. It is especially challenging for the families and service providers that serve children who are facing complex or crisis situations, including children with special health needs, children in families experiencing domestic violence, and/or families who

endure the Nation's deficient infrastructure.

The implementation of the medical home model strategy is a three-year project to develop, achieve and sustain this goal within the Nation's health care network. The Navajo Nation Regional Partnership Council intends to foster a medical home model in collaborative efforts with the Nation's existing health care systems. The strategy's components are to 1) incorporate a planning phase for the proposed medical home; 2) implementation of medical home care coordinators in conjunction with current health care networks; and 3) expansion and sustainability of the medical home model.

Strategy Components

Year 1: Planning Phase

A comprehensive planning effort is needed to save countless hours of confusion and avoid rework in subsequent phases. The Navajo Nation relies solely on the Indian Health Services to provide health care to residents of the Nation. There are no private practices on the nation so buy-in from the Indian Health Services is paramount to the successful implementation of a medical home model for the Navajo Nation. The planning phase will be used to determine the level of interest the Indian Health Service has in the implementation of a medical home model as well as to determine what, if anything, is already being implemented by the IHS to move toward a medical home model.

Additionally, the planning phase will coordinate with existing auxiliary service providers to engage them in the planning process. These will include but are not limited to:

1. Community Health Nurses
2. Early Intervention Service Providers
3. Early Care and Education Service Providers
4. Social Service Agencies
5. Local WIC Programs

Integration of all areas of service will be useful in the initial phase in order to lay the ground work for determining how a medical home model will look for the Navajo Nation.

Successful implementation of all elements of a medical home model will take a significant amount of time given the nature of working with both Tribal and Federal governments. Given the fact the Indian Health Services will be the primary grantee for this strategy; it could take a considerable amount of time to work through the appropriate channels for a contract to be established. This further highlights the need for a one-year planning phase in order to ensure all necessary approvals are in place prior to implementation of the strategy.

Deliverables for the planning phase should include:

1. Developing a scope of work for the project
2. Determining the level of interest and current work being done toward a medical home model
3. A budget for the implementation and expansion phases in years 2 and 3 as well as a plan for sustainability of the strategy
4. Identification of all stakeholders
5. Development of a timeline for implementation and expansion of the medical home model elements
6. Developing a written strategic plan for a medical home model implementation on the Navajo Nation

The grantee will be responsible for all deliverables listed above as well as any additional data reporting and budget requirements designated by First Things First evaluation division. The grantee will be responsible for organization of meetings with all key stake holders so a working knowledge of the Nation's service

delivery systems is a must.

Year 2: Initial Implementation of the Medical Home Model- Care Coordination

The medical home represents a standard of primary care where children and their families receive the care they need from health care professionals in the Indian Health Service on the reservation. Health care professionals, in partnership with the family, work with appropriate community resources and systems to achieve the child's maximum potential and optimal health. A medical home addresses well-child care, acute care, and chronic care for all children from birth through their transition to adulthood.

An important component of a medical home is service coordination and case management in order to provide linkages for children and their families with appropriate services and resources in a coordinated effort to achieve good health. According to the Medical Home Practice-Based Care Coordination workbook (McAllistar, Presler, Cooley); "It has been suggested that you cannot be a strong medical home without the capacity to link families with a designated care coordinator."

In order to weave a sometimes patchwork of health and social services into a coherent and comprehensive system of services, the Navajo Nation Regional Partnership Council will provide care coordination through the use of medical home care coordinators. Effective care coordination enhances access to needed services and resources, promotes optimal health and functioning of children, and supports improved quality of life. Data shows that primary care physicians struggle to fulfill the care-coordination needs of children, youth, and families. Care is coordinated and/or integrated across all elements of the complex health care and social services systems (e.g., subspecialty care, hospitals, and home health agencies) and the patient's community (e.g., family, schools, childcare, public and private community-based services). Care coordinators will enhance the abilities of the physician and health care centers to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

Responsibilities of the care coordinators working with the identified health care networks may include, but are not limited to assisting in:

1. scheduling
2. assessing patient (and families') needs
3. planning and ensuring implementation of care
4. assuring access to care (insurance or social services)
5. obtaining authorization of services
6. monitoring service provision
7. tracking referrals
8. brokering or obtaining resources
9. providing family support and education
10. providing service coordination with other community resources, to make an effort to minimizing duplication and to ensuring that families receive comprehensive services as needed.

Medical home care coordinators will NOT be responsible for performing medical procedures or treatments, giving medical advice, writing reports generally prepared by physicians or nurses and performing routine bookkeeping, clerical or billing functions.

It is also the desire of the Navajo Nation Regional Partnership that there will be collaborative working relationships between the Nation's health care network, the medical home care coordinators, child care health consultants and home visitation efforts located in the region. It is also the desire of the Regional Partnership Council that collaboration occurs with care coordinators involved component B of this strategy.

The Regional Partnership Council understands that care coordination is only one element of the medical home model. After completion of the Planning Phase in Year 1, additional elements of the model can be undertaken given the level of commitment and interest of the Indian Health Services. At this time, however, the Regional Partnership Council will pursue care coordination as the primary area of greatest need given the Nation's current medical care system.

Funding for this strategy component is estimated at \$500,000 pending the completion of the comprehensive project planning in Year 1.

Year 3: Expansion of Medical Home Care Coordinators and sustainability of Medical Care Home Model

In the third year, invested stakeholders will have a clear understanding of the benefits of the medical home model. The approach is to incorporate additional service units to utilize a medical home model and medical home care coordinators to provide the following to 50 percent of the population of children birth to 5 years:

- a continuous relationship with a medical home care coordinator;
- a multidisciplinary health care team that is collectively responsible for providing for a child's longitudinal health needs and making appropriate referrals to other providers;
- coordination and integration with other providers, as well as public health and other community services, supported by health information technology;
- an expanded focus on quality and safety; and
- enhanced access through extended hours, open scheduling, and/or email, phone or home visits.

While there are no demonstrations of medical homes on Tribal lands, a growing evidence base in urban areas demonstrate that these core features can lead to better health outcomes for children.

Funding for this strategy component is estimated at \$500,000 pending the completion of Year One's planning phase.

\$1,040,370 will be devoted to implementing this strategy. The Navajo Nation Regional Partnership Council plans to implement this strategy through an RFGA process. Potential applicants may include (but will not be limited to) hospitals, community health centers, physicians' associations or networks, university medical schools and community-based organizations.

Applicants to provide care coordination services will have to identify how they will describe the process they will use to identify available community services. Applicants will also need to describe how they will work with existing public programs, navigating the complex array of eligibility requirements. Care coordinators will connect families to a broad array of social and family support services and public programs necessary to meet the needs of the young child, and promote the optimal development of the child.

Applicants will also be required to describe how they will work with the health care network to foster learning about available community resources, appropriate referrals, eligibility requirements of various public programs, and the benefits of care coordination. The goal of such a feedback loop is to ensure that care coordination is continued after First Things First funding is exhausted.

Research Notes:

(2006) American College of Physicians. The Advanced Medical Home: A Patient-Centered, Physician-Guided Model of Health Care. ACP Policy Monograph.

Lead Goal: First Things First will help develop definitions that specify the characteristics and implementation of a medical home model.

NAVAJO NATION REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan
SFY 2011 Allocation: \$ 4,398,790

Goal: First Things First will lead capacity building efforts among state, federal, and tribal organizations to improve the coordination and integration of health programs, services, and resources for young children and their families.

Key Measures:

1. Total number and percentage of children receiving appropriate and timely oral health visits
2. Total number and percentage of children receiving appropriate and timely well-child visits
3. Total number and percentage of health care providers utilizing a medical home model
4. Ratio of children referred and found eligible for early intervention

Target Population:

Families with children birth to five years of age and prenatal women. The project will focus on reaching families before or shortly after birth to insure the child has a comprehensive support system to maximize the use of a medical home, thus insuring positive outcomes for the child.

	SFY 2011 July 1, 2010 –June 30, 2011	SFY 2012 July 1, 2011 - June 30, 2012	SFY 2013 July 1, 2012 - June 30, 2013
Proposed Service Numbers	N/A Project Planning	3 health care centers and 6 medical home care coordinators	6 health care centers and 12 medical home care coordinators

Performance Measures:

1. Percentage of medical care centers that use a medical home model/Strategic target
2. Number of medical home care coordinators
3. Percentage target population of children birth to 5 years and prenatal women.

SFY 2011 Expenditure Plan for Proposed Strategy

Allocation for proposed strategy	<u>\$40,370</u>
----------------------------------	-----------------

Budget Justification:

- Part-time Project Manager and ERE: \$30,000
- Mileage: \$4,000 (rounded) - 700 miles per month x .445 = \$312 month x 12 months = \$3,738
- Materials and Supplies: \$1,200 (\$100/month)
- Communications: \$1,500 (\$150/month)
- Administrative Costs: \$3,670